

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 08/737,466
APPLICANT(S)

FILING DATE

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6						
7	1					
8		2				
9		2				
10	1					
11		1				
12		2				
13	1					
14	1					
15			1			
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26						
27						
28				3		
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30						
31			1			
32						
33				1		
34				1		
35						
36						
37						
38			1			
39				1		
40						
41				3		
42				3		
43			1			
44				1		
45				1		
46				3		
47				3		
48			1			
49				1		
50						
TOTAL IND.		6	TOTAL DEP.		15	21
TOTAL CLAIMS		21	TOTAL CLAIMS		21	21

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1						
52		14						
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TOTAL IND.		1	TOTAL DEP.		14	TOTAL CLAIMS		15